

Fall Issue

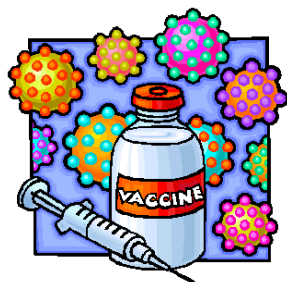


Calling The Shots



A publication of the Hawaii Immunization Program
1250 Punchbowl Street ♦ Honolulu, Hawaii, 96813 ♦ Questions, Comments? (808) 586-8300

Volume 4, Number 3, Fall 2004



Prevention and Control of Influenza

The Advisory Committee on Immunization Practices (ACIP) published their Recommendations for the Prevention and Control of Influenza in the May 28, 2004 issue of the *Morbidity*

and Mortality Weekly Report. The following is a synopsis of the recommendations.

The 2004 Recommendations of the ACIP include four principal changes or updates:

1. ACIP recommends that healthy children aged 6-23 months, and close contacts of children aged 0-23 months, be vaccinated against influenza.
2. Inactivated vaccine is preferred over live, attenuated influenza vaccine (LAIV) for vaccinating household members, healthcare workers, and others who have close contact with severely immunosuppressed persons during periods when such persons require care in a protected environment. If a healthcare worker receives LAIV, the healthcare worker should refrain from contact with severely immunosuppressed patients for 7 days after vaccine receipt. No preference exists for inactivated vaccine use by healthcare workers or other persons who have close contact with persons with lesser degrees of immunosuppression.
3. Severely immunosuppressed healthcare workers should not administer LAIV. However, other healthcare workers at high risk for influenza complications may administer LAIV.
4. Both the inactivated and live attenuated vaccines prepared for the 2004-2005 season will include A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens.

Both the inactivated influenza vaccine and LAIV can be used to reduce the risk of influenza. LAIV is only approved for use among healthy persons aged 5-49 years. Inactivated influenza vaccine is approved for persons aged ≥ 6 months, including those with high-risk conditions.



Target groups for vaccination include:

- Persons at increased risk for complications from influenza (inactivated influenza vaccine recommended)
- Persons aged 50 years and older
- Persons who can transmit influenza to those at high risk, including:
 - **Physicians, nurses, and other personnel in both hospital and outpatient-care settings;**
 - Employees of nursing homes and chronic-care facilities who have contact with patients or residents;
 - Employees of assisted living and other residences for persons in groups at high risk;
 - Persons who provide home care to persons in groups at high risk; and
 - Household contacts (including children) of persons in groups at high risk.

Because of the increased risk for influenza-related complications, women who will be pregnant during the influenza season should be vaccinated. **Vaccination can occur in any trimester.**

In addition, because children aged 0-23 months are at increased risk for influenza-related hospitalization, vaccination is recommended for their household contacts and out-of-home caregivers, particularly for contacts of children aged 0-5 months, because influenza vaccines have not been approved by FDA for use among children aged < 6 months.

For further information, see "Prevention and Control of Influenza," Recommendations of the Advisory Committee on Immunization Practices (ACIP) in *MMWR* 2004; 53 (RR-6): 1-40, visit the National Immunization Program website at <http://www.cdc.gov/nip>, or call the Hawaii Immunization Program at (808) 586-8332.

Attention Healthcare Workers: Don't Forget to Get Your Flu Shot Too!

Your daily exposure to sick people makes you far more likely to get (and give) the flu. Remember, your patients depend on you to stay healthy so you can help them stay healthy. Get your flu shot today!



Fight the Flu is Coming to You

The Immunization Branch has modified its *Fight the Flu* campaign materials to reflect the revised ACIP recommendations for influenza vaccination. Included in the packet sent to providers earlier this month is:

- *Fight the Flu* poster (revised August 2004)
- *Cover Your Cough* poster
- *Respiratory Hygiene/Cough Etiquette in Healthcare Settings* Fact Sheet

Please discard last year's *Fight the Flu* poster and replace it with this year's version. For additional copies, contact the Department of Health, Immunization Branch at 586-8323. Calls from the neighbor islands are toll-free at 1-800-933-4832.

Inadvertent Intradermal Administration of Tetanus Toxoid-Containing Vaccines Instead of Tuberculosis Skin Tests

The following is a condensed version of an article that appeared in the July 30, 2004 issue of the *Morbidity and Mortality Weekly Report*.

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) have been notified about the potential for inadvertent administration of tetanus toxoid-containing vaccines (TTCV) instead of tuberculin purified protein derivative (PPD) used for tuberculosis skin tests (TSTs). As of March 2004, approximately 100 patients had been identified in reports of TTCV administration instead of PPD. For example, a health-care provider confused tetanus and diphtheria toxoids (Td) vaccine for adult use with PPD and administered Td intradermally. Patients with adverse reactions to these administrations had skin reactions interpreted as positive TSTs, which resulted in treatment with isoniazid (INH).

As more vaccine and combination products become available, the potential for medication errors might increase. Health-care providers should consider possible measures to prevent vaccine misadministration, including:

- Physical separation of products
- Careful visual inspection and reading of labels
- Preparation of PPD for patient use only at the time of testing
- Improved record-keeping of vaccine lot numbers of and other injectable products

For further information, see "Inadvertent Intradermal Administration of Tetanus Toxoid-Containing Vaccines Instead of Tuberculosis Skin Tests," in *MMWR* 2004; 53(29): 662-664.

Adverse events associated with inadvertent vaccine administration can be reported to VAERS at <http://www.vaers.org> or by telephone, 800-822-7967. Adverse events after PPD administration can be reported to the FDA MedWatch program at <http://www.fda.gov/medwatch> or by telephone, 800-332-1088.



Please join us in welcoming **Sharon Dellinger, RN**, to the Vaccines for Children Program. Sharon came to us from the Bioterrorism Branch, where she served as the Health Alert/Distance Learning Coordinator. She will be participating in VFC site visits, as well as networking with providers to provide them with technical support, education and training.



Vaccine Viability

By Sharon F. Dellinger, RN

When the viability of vaccines stored in the provider's office is in question, the provider may end up doing quite a bit of work to address and correct the issue. The provider may have to contact the vaccine manufacturers for each vaccine in question to determine vaccine viability. There is also the possibility that the provider may have to recall and re-immunize the patients who have received non-viable vaccines.

Vaccine wastage due to inappropriate storage measures is also very costly:

DTaP @ \$21.40/dose
IPV @ \$21.80/dose
MMR @ \$38.05/dose
PCV7 (Prevnar) @ \$61.65/dose
Hep B @ \$23.20/dose
Varicella @ \$62.78/dose

As vaccine viability is a major concern to all of us, vaccine storage conditions are checked during our VFC/AFIX provider site visits. The provider can take the following measures to help ensure vaccine viability:

- Maintain refrigerator temperature between 2°C to 8°C or 35°F to 46°F.
- Maintain freezer temperature at -15°C or 5°F or lower.
- Check and record refrigerator and freezer temperatures at least once daily. Take immediate action if temperature is out of range. Storage of vaccines outside the recommended temperature ranges can result in non-viable vaccine.
- DO NOT store varicella vaccine in small, "dormitory-type" refrigerator/freezer units. These units do not have a separate, sealed and insulated freezer unit, and the freezer section may not be cold enough for varicella vaccine storage.
- Store varicella and MMR vaccines in their original boxes with closed lids, as these vaccines are sensitive to light.
- Store vaccines in the main body of the refrigerator and not in the crisper bins or on the shelves of the refrigerator door.

For complete information regarding vaccine management and storage, please see Section 8 of the VFC Provider Toolkit.